



Perpetual WealthFocus Super and Pension Plan (including Wholesale)

Perpetual Superannuation Limited ABN 84 008 416 831 AFSL 225246 RSE L0003315
Perpetual WealthFocus Superannuation Fund ABN 41 772 007 500 RSE R1057010

Benefit payment instruction form

Please complete all pages of this withdrawal form in black ink, using BLOCK letters. You may also be required to provide evidence of your identity to us. Please refer to page 6 of this form for further information.

1. Investment details

Is this benefit payment for a super or pension account?	super <input type="checkbox"/>	pension <input type="checkbox"/>
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2. Investor details

client number	<input type="text"/>	account number	<input type="text"/>
title	Mr <input type="checkbox"/>	Mrs <input type="checkbox"/>	Miss <input type="checkbox"/>
	Ms <input type="checkbox"/>	Other	<input type="text"/>
first name(s)	<input type="text"/>		
last name	<input type="text"/>		
date of birth	<input type="text"/>	/	<input type="text"/>
	<input type="text"/>	/	<input type="text"/>
	<input type="text"/>		<input type="text"/>
		male <input type="checkbox"/>	female <input type="checkbox"/>

unit number	<input type="text"/>	street number	<input type="text"/>
street name			
<input type="text"/>			
suburb			
<input type="text"/>			
state	<input type="text"/>	postcode	<input type="text"/>
country			
<input type="text"/>			
phone (business hours)	<input type="text"/>	mobile	<input type="text"/>
	<input type="text"/>		<input type="text"/>
		fax	<input type="text"/>
			<input type="text"/>

If you know that the address held by Perpetual is different to your current residential address, please provide details below.

unit number	<input type="text"/>	street number	<input type="text"/>
street name			
<input type="text"/>			
suburb			
<input type="text"/>			
state	<input type="text"/>	postcode	<input type="text"/>
country			
<input type="text"/>			

6. Contribution tax

If you have made your own personal contributions during the current financial year, please indicate whether you are claiming a tax deduction.

I will not be claiming a tax deduction on these contributions.

I will be claiming a tax deduction on these contributions. Please attach a Section 290-170 Notice to confirm this, if applicable (available from our Investor Service Centre on 1800 022 033)

7. Reason for withdrawal

All investors must complete this Section. Please specify why you are withdrawing. You may need to provide further details in some cases. Our Investor Service Centre will be able to help you and can be contacted on 1800 022 033.

I am transferring to another Perpetual fund.
Please attach a completed application form.

I have reached the age of 65.

I am withdrawing an unrestricted non-preserved amount.

I am withdrawing a restricted non-preserved amount and have left an employer who was contributing to the Super Plan.

I am transferring/rolling over to another super fund.
Please provide the details in section 8 of the institution(s) to which you are rolling your money and a letter from the fund stating it is complying. If you are rolling over a benefit that originated from a UK pension, you should check that the complying super fund you are rolling over to is a QROPS. Otherwise an unauthorised payments charge of 40% may apply.

I retired between age 55 and 59 (inclusive).
This means you have ceased employment and have no intention of becoming gainfully employed in the future for 10 hours or more per week.

I retired after age 60.
This means you have ceased gainful employment with an employer after turning 60 please note that you can still be working.

I am withdrawing under the 21 day cooling off period.

I am withdrawing on compassionate grounds.
Please attach letter of approval from APRA.

I am permanently incapacitated/disabled.
Please attach relevant documents available from our Investor Service Centre.

I am withdrawing on the grounds of financial hardship.
Please attach Centrelink letter confirming receipt of payment as well as relevant documents available from our Investor Service Centre.

I am a temporary resident permanently departing Australia.
Please attach appropriate documentation.

I am terminally ill
Please include two doctor certificates (one from a specialist) confirming that you suffer from an illness or injury that is likely to result in death within 12 months.

8. Payment instructions

Please nominate how you would like to be paid. Cheques will be posted unless otherwise stated.

To assist in preventing fraud and the illegal early release of superannuation benefits from self-managed superannuation funds (SMSF), cheques payable to SMSFs will only be mailed to the fund's address as registered on www.superfundlookup.gov.au

<input type="checkbox"/>	Please pay to my existing Perpetual Cash Management Fund account.	
<input type="checkbox"/>	Please pay to my existing account on file.	
<input type="checkbox"/>	Please post the cheque to my registered address. Generally, third party cheques can only be sent to your home address. Exceptions apply if third party cheque is for a commonly known utility, or if you wish to collect the third party cheque from one of our offices (proof of identity required).	
<input type="checkbox"/>	Please make this payment to the account (Australian bank, building society or credit union) nominated below:	
institution		
branch		
account name		
branch number (BSB)	-	account number
<input type="checkbox"/>	I am transferring to another complying super fund: Please specify which institution, fund and address.	
institution		
fund name		
fund phone number		
client number		
address		
suburb	state	postcode
country		
ABN of fund	SPIN (in known)	
make cheque payable to		

Customer identification requirements

The information requested is required to meet our obligations under the Anti-Money Laundering and Counter-Terrorism Financing Act 2006. **We cannot process your withdrawal without this information.** You do not need to provide this information if you:

- are transferring/rolling over to another Perpetual fund or another super fund, or
- have previously provided this information and your details have not changed.

For further information on the legislation please see 'About AML/CTF legal requirements' on page 6.

Checklist

You **must** complete the following steps to ensure your withdrawal is processed:

- ▶ complete ALL required sections in the benefit payment form and this customer identification section
- ▶ provide certified copies of document(s), as requested in this customer identification section, either to us or to your financial adviser (please note: we are required by law to keep a record of the identification material that you provide to us, whether it is an original or certified copy, for seven years after the end of your relationship with Perpetual)
- ▶ enclose this completed form and send to Perpetual.

How to certify your documents

You will be required to provide a certified copy of certain identification documents.

A **certified copy** is a document that has been certified as a true copy of an original document.

To obtain a certified copy of a document, take the original document and a photocopy to one of the people in the categories listed below and ask them to certify that the photocopy is a true and correct copy of the original document. That person will need to write the following on the copy of the document:

'I, [full name], [category of persons as listed below], certify that this [name of document] is a true and correct copy of the original [signature and date]'

List of people able to certify a document:

- (the post office) a permanent employee of the Australian Postal Corporation with two or more years of continuous service who is employed in an office supplying postal services to the public
- (a postal agent) an agent of the Australian Postal Corporation who is in charge of an office supplying postal services to the public
- an accountant who is a member of the Institute of Chartered Accountants in Australia, CPA Australia or the National Institute of Accountants, with two or more years of continuous membership
- an officer with or authorised representative of a holder of an Australian financial services licence, having two or more continuous years of service with one or more licensees
- a finance company officer with two or more continuous years of service with one or more financial companies (for the purposes of the Statutory Declaration Regulations 1993)
- an officer with two or more continuous years of service with one or more financial institutions (for the purposes of the Statutory Declaration Regulations 1993)
- a lawyer who is enrolled on the roll of the Supreme Court of a state or territory or High Court of Australia, as a legal practitioner
- a judge
- a magistrate
- a chief executive officer of a Commonwealth court
- a registrar or the deputy registrar of a court
- a Justice of the Peace
- a notary public (for the purposes of the Statutory Declaration Regulations 1993)
- a police officer
- an Australian consular officer or an Australian diplomatic officer (within the meaning of the Consular Fees Act 1955).

About AML/CTF legal requirements

The Anti-Money Laundering and Counter-Terrorism Financing Act 2006 (AML Act) regulates financial services and transactions in a way that is designed to detect and prevent money laundering and terrorism financing.

Under the AML Act, we are required to:

- verify your identity before providing services to you, and to re-identify you if we consider it necessary to do so
- where you supply documentation relating to your identity, keep a record of this documentation for seven years after the end of your relationship with Perpetual.

To ensure we comply with our obligations under the law, we have implemented a number of measures and controls including carefully identifying and monitoring investors. As a result:

- transactions may be delayed, blocked, frozen or refused where we have reasonable grounds to believe that the transaction breaches the law or sanctions of Australia or any other country
- where transactions are delayed, blocked, frozen or refused we are not liable for any loss you suffer (including consequential loss) as a result of our compliance with the AML Act and
- we may from time to time require additional information from you to assist in this process.

We have certain reporting obligations under the AML Act and are prevented from informing you that any such reporting has taken place. Where required by law, we may disclose your information to regulatory or law enforcement agencies, including the Australian Transaction Reports and Analysis Centre (AUSTRAC), which is responsible for regulating the AML Act.

9. Identification documents

Please provide a document from Part I as outlined below. If you do not have a document from Part I, please provide the documents listed in Part II OR Part III.

- If you are lodging this form directly with Perpetual – you will need to provide a certified copy of the document(s) with this form
- If you are lodging this form through a financial adviser – you may provide a certified copy with your form OR have your adviser sight an original or certified copy of your document(s).

For more information on how to certify original documents, please refer to page 5 of this form.

PART I – Primary ID documents

Provide **ONE** of the following:

- Australian state / territory driver's licence containing your photograph
- Australian passport (current or a passport that has expired within the preceding two years)
- card issued under a state or territory law for the purpose of proving a person's age containing your photograph
- foreign passport or similar travel document containing your photograph and signature.

OR

PART II – documents from this Part II should only be used if you do not own a document from Part I

Provide **ONE** of the following:

- Australian birth certificate
- Australian citizenship certificate
- pension card issued by Centrelink
- health card issued by Centrelink.

AND provide **ONE** from the following:

- a document issued by the Commonwealth or a state or territory within the preceding 12 months that records the provision of financial benefits to you and contains your name and residential address
- a document issued by the Australian Taxation Office within the preceding 12 months that records a debt payable by you to the Commonwealth (or by the Commonwealth to you), which contains your name and residential address. For advisers, block out the TFN before scanning, copying or storing this document
- a document issued by a local government body or utilities provider within the preceding three months which records the provision of services to your address or to you (the document must contain your name and residential address).

OR

PART III – should only be completed if you do not own document(s) from Part I OR Part II

BOTH documents from this section must be provided:

- foreign driver's licence that contains a photograph of you and your date of birth
- national ID card issued by a foreign government containing your photograph and your signature.

Any documents that are written in a language that is not English must be accompanied by an English translation prepared by an accredited translator.

10. Adviser use only

Verification procedure:

Send copies of all documents received from the client with this form to Perpetual. This must include at least the required document(s) set out in the 'identification and verification documents' section.

OR

Complete the verification procedure as outlined below ensuring you indicate which document(s) you have sighted as set out in the 'identification and verification documents' section. Enclose the completed verification procedure* with your client's form and send to Perpetual.

* Please note: if your client has provided any additional identification material which was **not** used for the verification procedure, you also need to provide that documentation to Perpetual.

10a. Record of verification procedure

ID document details	Document 1		Document 2 (if applicable)	
Verified from	<input type="checkbox"/> original	<input type="checkbox"/> certified copy	<input type="checkbox"/> original	<input type="checkbox"/> certified copy
Document name / type	<input type="text"/>		<input type="text"/>	
Document issuer	<input type="text"/>		<input type="text"/>	
Issue date	<input type="text"/>		<input type="text"/>	
Expiry date	<input type="text"/>		<input type="text"/>	
Document number	<input type="text"/>		<input type="text"/>	
Accredited English translation	<input type="checkbox"/> N/A	<input type="checkbox"/> sighted	<input type="checkbox"/> N/A	<input type="checkbox"/> sighted

10b. Financial planner details – identification and verification conducted by

Date verified (dd/mm/yyyy)	<input type="text"/>	/	<input type="text"/>	/	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
Financial planner's name	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
phone	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
AFS licensee name	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
AFSL	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>

11. Applicant signature and authorisation

By signing this request form I am making the following statements:

- I declare I have fully read this form and the information completed is true and correct
- I am aware I may ask my superannuation provider for information about any fees or charges that may apply, or any other information about the effect this transfer may have on my benefits, and do not require any further information.
- If the TO fund is a self managed superannuation fund (SMSF), I confirm that I am a member, trustee or director of a corporate trustee of the SMSF.
- I discharge the superannuation provider of my FROM fund of all further liability in respect of the benefits paid and transferred to my TO fund.
- If transferring to a self managed superannuation fund (SMSF) I declare that I am aware that SMSF's are subject to the same rules and restrictions as other super funds when benefits are paid out. In particular, super benefits in a SMSF are required to be 'preserved' meaning they are not generally able to be accessed, until I am age over 55 (or preservation age) and retired.
I request and consent to the transfer of superannuation as described above and authorise the superannuation provider of each fund to give effect to this transfer.

I declare and acknowledge that I have met the condition of release specified in section 7.

name	<input type="text"/>
signature	<input type="text"/>
date	<input type="text"/> / <input type="text"/> / <input type="text"/>

You can forward your completed form to your financial adviser or directly to Perpetual at:

Reply Paid 4171
Perpetual WealthFocus Super Plan and Pension Plan
GPO Box 4171
Sydney 2001
Australia